



{ Making Queenslanders' healthier



Strategic Plan 2010–2011

1. Making Queenslanders Healthier

Objectives and expected outcomes

1.1 Support healthy behaviours and lifestyle choices to reduce the population rates of:

- overweight and obesity
- smoking
- heavy drinking
- unsafe sun exposure.

1.2 Protect the health of Queenslanders evident by:

- improving access to cancer screening programs
- managing preventable environmental health hazards
- preventing and controlling communicable diseases.

Key strategies

1.1.1 Provide a range of targeted promotion and prevention programs and interventions focusing on:

- improving nutrition and increasing physical activity

- reducing population rates of obesity and overweight, smoking, heavy drinking and unsafe sun exposure.

1.1.2 Lead and coordinate whole-of-government initiatives to reducing chronic disease in the community.

1.1.3 Increase adoption of healthier lifestyle behaviours by government workers.

1.1.4 Increase participation in the Queensland Health Staff Quit Smoking program.

1.2.1 Improve the capacity of the BreastScreen Queensland program to meet participation targets.

1.2.2 Maintain or increase vaccination coverage for Indigenous Queenslanders, areas of low coverage and four-year-old children.

1.2.3 Improve compliance with water quality standards.

1.2.4 Enhance the prevention and control of mosquito-borne disease.

1.2.5 Improve the coordination of responses to outbreaks, natural disasters and other environmental hazards.

Key performance indicators

- Percentage of the Queensland population who:
 - consume recommended amounts of fruit and vegetable
 - engage in levels of physical activity for health benefit
 - consume alcohol at risky or high-risk levels
 - smoke tobacco
 - adopt ultraviolet protective behaviours
- Staff Quit Smoking program
- Percentage of target population screened for breast cancer
- Vaccination rates at designated milestones for all children aged two years
- Percentage of Queensland Health staff vaccinated against influenza.



Public Health Report

The Public Health Report is published in accordance with Section 454 of the *Public Health Act 2005*, which requires annual reporting on public health issues for Queensland.

Fluoridation

Before the *Water Fluoridation Act 2008* was introduced, less than five per cent of Queenslanders had access to fluoridated drinking water supplies. Currently 84 per cent of Queenslanders have access to fluoridated water and, by 31 December 2012, more than 92 per cent will have access. That is in accordance with the Premier's targets and will bring Queensland in line with all other Australian states and territories.

The *Water Fluoridation Act 2008* requires that public potable water supplies serving over 1,000 people will have fluoride added at a prescribed concentration. Implementation of the Queensland Drinking Water Fluoridation Program remains on track with fluoridation of relevant South East Queensland water supplies now complete.

Fluoridation is now being rolled out in regional Queensland, which presents different infrastructure and community engagement issues from those in South East Queensland. Queensland Health staff are working closely with regional councils and staff from the Department of Employment, Economic Development and Innovation to ensure the program remains on track and Queenslanders in regional areas receive the important oral health benefits attributed to drinking fluoridated water.

Water quality standards

During 2010–2011, Queensland Health undertook numerous investigations and supported drinking water service providers to protect public health during drinking water incidents. Activities included:

- providing health risk assessment support to the Department of Environment and Resource Management as part of a joint regulatory framework for drinking water and recycled water

- reviewing and updating standards in the *Public Health Regulation 2005* for purified recycled water to reflect emerging public health issues and new national standards
- developing draft water quality standards to address public health risks associated with re-use of coal seam gas associated water to augment drinking water supplies
- providing comment and advice on environmental impact statements, environmental authorities and transitional environmental programs for coal seam gas water proposals
- providing scientific advice and support to South East Queensland councils for managing public health risks associated with the quality of their recreational waterways after the January 2011 South-East Queensland floods
- providing expert scientific advice to the former Department of Infrastructure and Planning on public health and safety risk management associated with implementing and enforcing plumbing legislation
- conducting annual safety audits for operational fluoridation plants by staff trained in water fluoridation plant operations. The most recent audits of fluoridation plants statewide showed a high level of compliance with safety requirements.

Internet purchase of products that contain prohibited substances under the *Health Act 1937*

An emerging public health issue has been generated by the ability to use the internet to purchase products that contain substances that are prohibited in Queensland.

Between January and May 2011 there were numerous seizures of consignments through Australia Post's border screening at the Brisbane Airport containing products with declared or suspected prohibited substances under the *Health Act 1937*. All the products had been purchased by members of the public over the internet from countries including the United States of America,





the United Kingdom, New Zealand and China. The main products seized were liquid nicotine used for electronic cigarettes—which is a Schedule 7 dangerous poison—and slimming coffee containing sibutramine, which is a Schedule 4 restricted drug.

Liquid nicotine is contained in atomised cartridges, bottles and vials for use in electronic cigarettes, which people use primarily for inhalation as an aid in withdrawal from tobacco smoking. The liquid in the clear containers is coloured and therefore attractive to children, but would be fatal if ingested. Under the *Health Act 1937*, a person cannot be in possession of a Schedule 7 Poison without Queensland Health approval.

Sibutramine is an ingredient used in coffee products purchased as an aid for weight loss. It is a Schedule 4 Restricted Drug which, under the *Health Act 1937*, a person must not have in their possession unless they are endorsed to do so. The labelling, contents and health claims made on the packaging of some of those products are also non-compliant with the *Food Act 2006*.

Injury

Injury prevention is a national health priority. Unintentional injury results in more than 40,000 hospital admissions and 200,000 attendances at hospital emergency departments in Queensland each year (*Injury Prevention Queensland: Report to Queensland Injury Prevention Council, Queensland University of Technology, Centre for Accident Research and Road Safety 2009*).

Queensland has one of the highest rates of unintentional injury in Australia (DHFS and AIHW 1998 *Health system costs of injury, poisoning and musculoskeletal disorders in Australia 1993–94*, Australian Institute of Health and Welfare, Australia's Health 2008).

A Queensland survey found 21.5 per cent of respondents reported their lifestyle or that of an immediate family member had been permanently affected by injury (*Injury Prevention Queensland: Report to Queensland Injury Prevention Council, Queensland University of Technology, Centre for Accident Research and Road Safety 2009*).

Injuries are preventable and priorities include:

- preventing falls in older people
- preventing injury in children and young people
- promoting safety in Aboriginal and Torres Strait Islander and rural and remote communities.

Type 2 diabetes

Diabetes is the fastest growing chronic disease in the world and has reached epidemic proportions. Diabetes affects a growing number of Queenslanders, with about 300,000 Queenslanders likely to have type 2 diabetes in 2010, or about one in 10 Queensland adults aged 25 years or older. By 2031, 600,000 to 700,000 Queenslanders will be living with diabetes. Diabetes is placing increasing pressure on our health system, and comes at a significant cost to individuals and families.

There are three main types of diabetes: type 1, type 2 and gestational diabetes. Type 2 diabetes is highly preventable with two-thirds of diabetes in Queensland due to the joint effect of overweight and obesity and physical inactivity, with the largest proportion due to overweight and obesity. Type 2 diabetes accounts for 80 per cent to 85 per cent of diabetes cases in Queensland.

Advertisement

Cooking for diabetics

Eating right is a key step to preventing and controlling diabetes.

Whether you're trying to reduce your risk of diabetes or manage a pre-existing problem, you can still enjoy your favourite foods. The key to food for diabetics is eating in moderation, sticking to regular mealtimes, and eating lean cuts of meat, fresh fruit and veges and wholesome cereals and grains.

To learn how, register for the **Cooking for Diabetics** classes where you will explore exciting new recipes and learn some better eating habits. Queensland Health is subsidising some places, so get in quick to secure your seat. Discounts apply for concession card holders.

Participants need to attend both sessions. To register, phone the number listed for your town.

Cooking for Diabetics classes are 12 hours in total

St George Saturday 18 May 9am–3pm Sunday 19 May 9am–3pm To register, phone Natalia A Brazdilovic 4625 5450	Quilpie Thursday 19 May 10m–2pm Friday 20 May 8am–2pm To register, phone Nathryn Cartier 4636 2946	Charleville Thursday 9 June 4pm–8pm Friday 10 June 4pm–9pm To register, phone Stephan Hogan 4565 1539
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Queensland Government

Authorised by the Queensland Government, George Street Brisbane.

The total health system cost of diabetes in Queensland—hospital, out-of-hospital medical services, pharmaceutical, allied health and research costs—is estimated at \$190 million a year, with a total cost of \$6.9 billion to the Queensland economy.

In November 2010, the Premier announced a \$7.5 million Diabetes Action Plan to address the increasing impact of diabetes—targeting prevention, detection and management. The announcement followed discussions at two diabetes roundtables involving input from a range of stakeholders. The Diabetes Action Plan includes the following strategies:

- free diabetes risk assessment in community pharmacies—an expansion of the existing Know Your Numbers program
- gestational diabetes register and recall system
- school-based cooking program for high school students
- specialised training for general practitioners and a diabetes services finder known as Diabetes Connect
- Indigenous chronic disease care in Far North Queensland. This is being led by the University of South Australia in collaboration with district health services and the Apunipima Cape York Health Council
- expanded diabetes and endocrinology Telehealth services
- a community-based approach to diabetes prevention, early intervention and management in Innisfail based on a successful Finnish model
- the Coaching patients On Achieving Cardiovascular Health (COACH) telephone-based diabetes self-management program.

Dengue and preventing and controlling mosquito-borne disease

Dengue outbreaks continue to occur in north Queensland due to the endemic presence of dengue vector *Aedes aegypti* and the regular presence of travellers arriving with the disease from dengue endemic areas.

However, there is now a risk the dengue outbreaks can occur in towns in Central and South West Queensland. The dengue vector *Aedes aegypti* is known to be present in at least 35 towns in those locations, although it is not currently found in South East Queensland where the majority of travellers who may carry the disease are present. There has been further advance of the dangerous exotic dengue vector, *Aedes albopictus*, to inner Torres Strait Islands and there is risk of incursion onto mainland Australia.

Key strategies to address these issues include:

- coordinated responses to dengue notifications in accordance with dengue guidelines
- collaboration with Local Government to implement and report on annual container breeding mosquito surveillance across Queensland
- a dedicated vector control program on Torres Strait Islands to contain incursion of *Aedes albopictus*.

In 2010–2011, actions were taken to prevent and control mosquito-borne diseases, including:

- a rapid response to eight separate outbreaks of dengue in north Queensland and 45 cases of overseas-acquired dengue infection in areas with the dengue vector—north Queensland, Central Queensland and Wide Bay—and to an outbreak of malaria in the Torres Strait Islands
- a dedicated mosquito management response in flood-affected areas in Queensland. This contributed to lower-than-average Ross River and Barmah Forest virus infections in 2010–2011
- container-breeding surveillance for *Aedes aegypti* mosquito in 38 towns in Central and southern Queensland. The mosquito was found in 11 of the towns surveyed
- establishing a web-based mosquito surveillance system capable of producing detailed data on the spread of container-breeding mosquitoes—including *Aedes aegypti*—across Queensland.

Queensland Health also launched a mosquito-borne disease website.





Health risks associated with cross-border movement from Papua New Guinea

The presence of tuberculosis in Papua New Guinea (PNG) is of particular concern as people travel to clinics on Torres Strait Islands for treatment. Queensland Health is working with the Australian Department of Health and Ageing, AusAid and the PNG Government to manage the public health risk.

While a recent outbreak of cholera in PNG did not lead to cases in Australia, an outbreak of locally-acquired malaria on Saibai and Duaun islands was the largest for many years. Improved malaria vector control and improved diagnostic and treatment protocols are in progress.

Mental health impact of natural disasters

Many people who experience the trauma of natural disasters—such as floods, earthquakes and cyclones—are affected psychologically in some way. Of the 1.3 million people directly affected by the summer floods and/or tropical cyclones Tasha, Anthony and Yasi, an estimated 314,000 (over 20 per cent) are vulnerable to experiencing varying degrees of emotional stress. That could be

exacerbated by other factors, including ethnicity, age, previous exposure to trauma, homelessness, access to social supports, socioeconomic status, pre-existing mental health illness, and experience of loss and/or trauma.

The *Queensland Mental Health Natural Disaster Recovery Plan 2011–2013* will provide a coordinated and integrated service response to community and individual mental health needs. It will support community and individual resilience and recovery by strengthening and complementing the existing integrated service system at state, regional and local levels. Queensland Health and the Department of Communities will be responsible for its implementation.

The rise in sexually transmissible infections across Queensland

Notifications of some sexually transmissible infections (STIs) in the Queensland population have been rising for several years. In 2010, there were 207 new HIV notifications, which is the highest annual total since the HIV epidemic began in 1984. While HIV notifications have been rising in the non-Indigenous population, HIV notifications in Queensland's Indigenous population have remained consistently low.

From 2009 to 2010, chlamydia notifications in Queensland increased by 16 per cent to 19,009 and gonorrhoea notifications increased by 35 per cent to 2,002. Young people aged 15 to 24 years accounted for about two-thirds of chlamydia notifications with about two-thirds of those being female.

Unlike HIV data, Indigenous status on notifications for chlamydia and gonorrhoea is under-reported and consequently actual case numbers remain unknown. Available data suggest rates of chlamydia in some Indigenous communities in Queensland may be up to five times higher than for non-Indigenous people. The gonorrhoea rate may be up to 11 times higher. STIs such as chlamydia and gonorrhoea substantially increase the risk of HIV transmission. Given the high prevalence of STIs in some Indigenous communities, HIV infection would be difficult to control should it become established.





The *Queensland HIV Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011* is a whole-of-government strategy for preventing, diagnosing, and managing STIs and blood-borne viruses, and care for and supporting Queenslanders with those infections. An independent evaluation of the strategy has been completed. It will inform the future strategic framework to address these health issues in Queensland.

Queensland Health operates a range of clinical services to address STIs, including:

- 16 sexual health clinics throughout the state
- the AIDS Medical Unit in the Metro North Health Service District which provides a specialised HIV service
- hospital-based infectious disease units which provide care for people living with HIV.

Queensland Health supports and funds a range of non-government organisations to deliver education, prevention, treatment, care and support programs addressing STIs, HIV and other blood-borne viruses.

Breast screening

A detailed planning exercise was completed to prepare for the increased capacity required for future population growth. Four new BreastScreen Queensland (BSQ) satellite services and an additional digital mobile breast screening vehicle will be established in 2011–2012 for areas of high population growth.

A marketing plan for BSQ was developed for implementation over the next four years to promote the high-quality services, improve participation and increase re-screening rates.

Tackling chronic disease

Queensland Health is delivering a broad range of initiatives to improve nutrition, increase physical activity and address the obesity epidemic. Some highlights for 2010–2011 include:

- Through the Active Healthy Communities project, Queensland Health is working with local governments to create local environments that support physical activity and healthy eating.
- A Better Choice Healthy Food and Drink Supply Strategy aims to increase the supply of healthy food and drink to staff, visitors and the public in Queensland Health facilities. The strategy includes catering guidelines that have been adapted by the Department of Justice and Attorney-General and are being implemented in Queensland Government workplaces across the state.
- Queensland Health funded Diabetes Australia Queensland to conduct a pilot study of high school cooking programs for Queensland state secondary school students.
- Queensland Health is partnering with The Good Foundation to deliver a program based on Jamie's Ministry of Food which teaches basic cooking skills and food literacy to improve nutrition and health. The Ministry of Food opened in Ipswich in April.
- Queensland Health and the Department of Communities (Sport and Recreation Services)





worked together to develop *Food for Sport: Food and Drink Supply Guidelines for Queensland Sporting Clubs*. It will assist local clubs to provide healthy food and drinks for members and the public.

- A wide range of local activities has been undertaken to support the national Swap It campaign, which is the second phase of the *Measure Up* campaign and aims to show people how to change their lifestyle to help keep their waists in check. The *Cook for Life* healthy eating and cooking skills courses for adults is an example. It was developed in partnership with four TAFE colleges in South East Queensland and aims to promote increased consumption of fruit and vegetables and reinforce the *Swap It, Don't Stop It* messages.
- Through the *Queensland Strategy for Chronic Disease 2005–2015*, Queensland Health has funded seven Chronic Disease Coordinator positions in the non-government sector within General Practice Queensland, the Ethnic Communities Council of Queensland (ECCQ), the Queensland Aboriginal and Islander Health Council and the Combined Health Agencies

Group. The positions have provided statewide leadership in strengthening partnerships and local capacity across community-based programs and services targeting the prevention and management of chronic disease.

- In collaboration with ECCQ, Queensland Health finalised the development of *Living Well Multicultural*, a chronic disease prevention program for nine culturally and linguistically diverse (CALD) communities. To complement chronic disease prevention programs, a *Healthy Eating and Shopping Tour* DVD in eight languages was developed and disseminated.
- About 10 per cent of Queensland's working age population is employed by the public sector. Consequently, Queensland Health is working closely with the Department of Justice and Attorney-General and the Public Service Commission to progress a whole-of-Queensland Public Sector Health and Wellbeing Strategy. It is an element of the Queensland Healthy Workers Implementation Plan under the National Partnership Agreement on Preventive Health.
- In 2010–2011, 319 Queensland Health staff registered for the Staff Quit Smoking Program.



Toward Q2: Tomorrow's Queensland

2020 target: Cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure.

The *Toward Q2: Tomorrow's Queensland* (Q2) target delivery plan for preventable chronic disease is comprehensive and contains a large number of activities in progress across government. The number of contributing departments reflects the partnership approach necessary to deliver on the Q2 ambition to make Queenslanders Australia's healthiest people. The target delivery plan is representative of a much larger government agenda that seeks to address the increasing levels of preventable chronic disease. The 2010–2011 target delivery plan has supported initiatives across four priority actions:

- **Create supportive environments**—investing in actions to create supportive physical and social environments that encourage healthy behaviour by making the healthy choice the easy choice. For example:
 - parks, cycle paths and shade provision
 - planning guidelines for local governments that integrate health interests
 - enhancing the Smart Choices and Smart Moves strategy in state schools to give students healthy food choices from tuckshops and vending machines
 - increasing levels of physical activity
 - implementing the whole-of-government breastfeeding at work policy.
- **Support community-based programs**—investing in appropriate and targeted programs to encourage and support Queenslanders to live healthy lives. For example:
 - the TravelSmart travel behaviour change program to encourage active transport, such as cycling and walking
 - the Sport and Recreation Active Inclusion program to increase access to sport and recreation for groups and individuals facing barriers



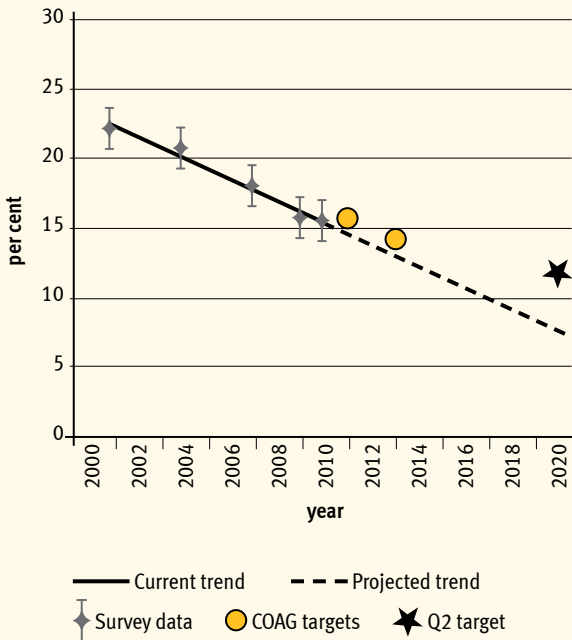
- piloting the 10,000 Steps program in a school environment.
- **Influence social norms and culture**—investing in actions that positively influence social norms and culture to support health-promoting behaviour choices. Ensuring messages are based on evidence, tailored to meet target audiences' needs, and supported by information, programs and services, such as:
 - the Find Your 30 social marketing campaign to encourage physical activity
 - delivering the Good Sports program for sporting clubs to adopt sensible alcohol management practices
 - reducing unsafe sun exposure by developing sun safety guidelines for capital works and outdoor workers
 - developing online curriculum resources for sun safety in secondary schools.
- **Measure and evaluate activity to identify what works**—investing in appropriate monitoring and evaluation data and indicators at individual, community and population levels to inform planning, resource development and service delivery, such as:
 - research into food literacy skills and effective sun safe strategies for outdoor workers and primary schools
 - developing a program logic and associated evaluation and monitoring framework for the chronic disease target.



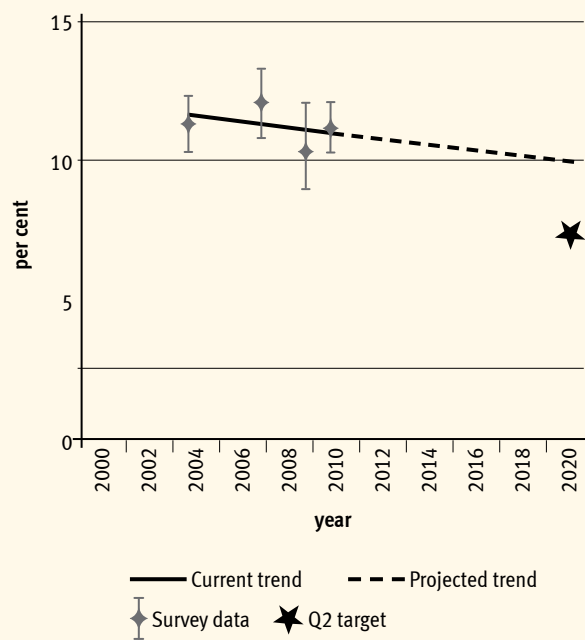


Progress and achievements

Graph 2: Daily smoking (adults)



Graph 3: Risky alcohol consumption (adults)

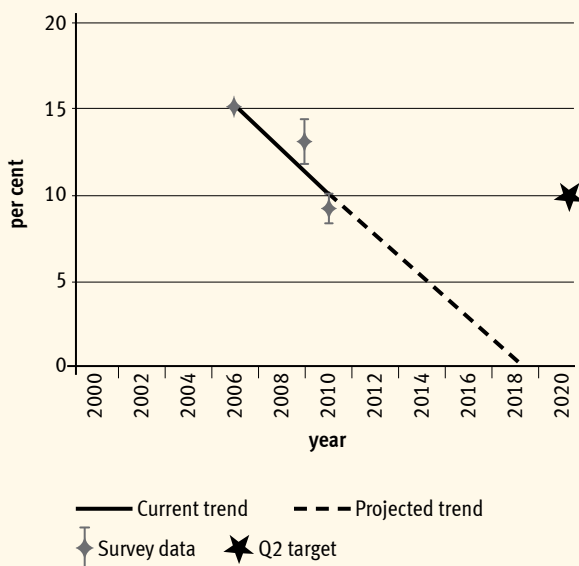


The Q2 goal for smoking is to reduce rates by one third. There has been a steady downward trend of about one per cent a year since 2001. If the trend continues, the daily smoking rate in Queensland by 2020 will be eight per cent and the Q2 target of 11.9 per cent will be met in 2015.

The Q2 goal for adult risky alcohol consumption is to reduce rates by one third. There is limited data to accurately assess current trends. However, using all available data, risky/high-risk drinking has declined by 1.2 per cent a year since 2004. Based on the current trend the rate of risky/high-risk drinking will be 10 per cent in 2020 and the Q2 target of 8.1 per cent will not be met until 2050.

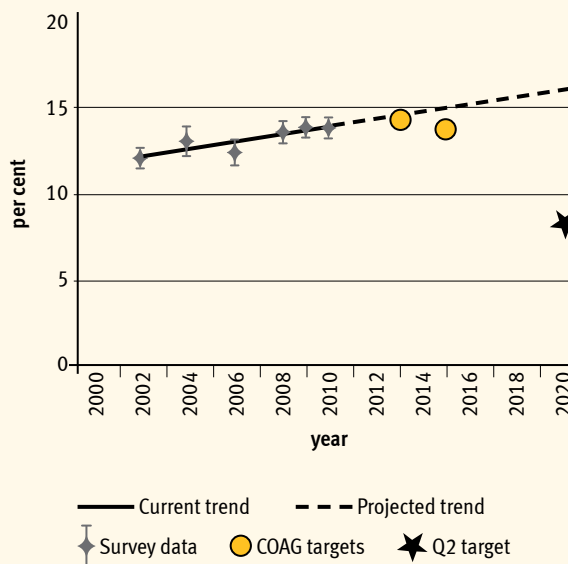
The Q2 goal for unsafe sun exposure is to reduce by one third the number of adult Queenslanders who had been sunburnt on the previous weekend.

Graph 4: Unsafe sun exposure (adults): sunburnt on previous weekend



Note: Indicator is very sensitive to weather. Additional information on long term sunburn and sun safety behaviours also collected.

Graph 5: Overweight and obesity (adults)



The indicator depends on weather patterns, the season and the UV index. An alternative measure is sunburn in the past 12 months. In 2010, 50.9 per cent of Queenslanders reported being sunburnt in the past 12 months. Using that as the baseline, the 2020 target is to reduce sunburn in the previous 12 months to 33.9 per cent. Those rates are already achieved by people aged 55 years and older but not in the younger age groups, particularly teenagers and people aged 20–30 years.

Adult overweight and obesity rates continue to increase with rates increasing by 0.9 per cent a year since 2002. If the trend continues, about 65 per cent of adult Queenslanders will be overweight or obese by 2020—which is almost twice the Q2 target of 33 per cent. The apparently simple cause of weight gain—consuming more energy than is expended—contrasts with the national and international reality of the overweight and obesity epidemic.

The increasing rate of overweight and obesity is a key challenge. High body mass is the leading cause of premature death and disability in Queensland and the main risk factor for type 2 diabetes. Rates of measured overweight and obesity in 2007–2008 were similar to national rates. Australia has the fourth highest rates of adult obesity in the Organisation for Economic Co-operation and Development (OECD). Preventing, managing and reversing current trends requires a focus on healthy eating, good nutrition and decreasing sedentary behaviour. Changing individual behaviour is one aspect. However, addressing the obesogenic environment more broadly is a priority that requires multi-strategy interventions. They include regulation to limit promotion of energy-dense food and drinks, incentives and policies to make healthy choices readily available, and physical environments that encourage a physically active lifestyle. The priority action areas of the Q2 target delivery plan are consistent with the multi-strategy intervention approach.





Improved coordination of responses to and recovery efforts for outbreaks, natural disasters and other environmental hazards

Queensland Health is implementing plans to improve its responses to disease outbreaks, natural disasters and environmental hazards. Actions include:

- Following the pandemic H1N1 2009 response review, the Health Protection Program invested in reviewing and developing a scalable incident management system to manage public health incidents. The system was piloted during the summer storm season of 2010–2011.
- A three-month review of the public health response to the flood and cyclone events is nearing completion. Preliminary findings have supported areas already prioritised for development and identified some opportunities to enhance the system.
- Additional work is occurring to enhance systems around the role, responsibility and accountability of Queensland Health and its partners in managing public health risks, using food and water as examples.
- Reviewing the activation of emergency response plans by Health Service Districts and

divisions for the 2010–2011 summer flood and cyclone events. The outcomes will result in a continuous improvement strategy and adjustment of the plans as necessary.

- Reviewing the *Queensland Health Disaster Plan—Human-Social Sub-Plan* after the 2010–2011 extreme weather events, including effective implementation of actions, arrangements and procedures.
- Each Health Service District has developed or is developing a Health Human Social Recovery Management Plan, in alignment with the *Operation Queensland – Community, Economic and Environmental Recovery and Reconstruction Implementation Plan 2011–2013*.
- Continued active participation and contributions by Queensland Health staff in key strategic whole-of-government activities, including:
 - the State Disaster Management Group/State Disaster Coordination Group
 - the Queensland Reconstruction Authority’s Lines of Reconstruction Human and Social Sub-Committee.
- Continued participation by Queensland Health staff in Local Government Recovery Groups on the basis of impact analysis to identify the needs and capacity of health services to respond to communities’ medium to long-term recovery.



Improved testing services

Queensland Health provides a wide range of testing services across the state:

- New methodology was developed to enable testing for the wide range of organic parameters required, including pharmaceuticals, disinfection by-products—such as nitrosamines—and endocrine disrupting compounds.

- Air samples collected from various sites around Gladstone were analysed for volatile organic compounds, polyaromatic hydrocarbons, total suspended particles and metals, carbonyls, cyanide and fluorides. Radon, alpha, beta and gamma radiation tests were also performed by the Health Physics group. Complete sampling program results were forwarded to the Department of Environment and Resource Management (DERM) by December 2010.
- Heavy metals screens were conducted on air filters for the Clean and Healthy Air in Gladstone study.
- Clandestine laboratory submissions increased by more than 50 per cent compared to the previous year.
- Water sample submissions increased sharply due to recycled, desalination, coal seam gas and underground coal gasification water.
- Inorganics was heavily involved in investigations after the *Shen Neng 1* grounding on the Great Barrier Reef – 186 sediment samples were processed for the Great Barrier Reef Marine Park Authority, which headed the investigation.

Queensland Health promotes development of ongoing relationships with other agencies to provide services, including:

- Food Chemistry staff—in collaboration with Department of Employment, Economic Development and Innovation and CSIRO staff—organised the 12th Government Food Analysts' Conference held at the Food and Health Sciences Precinct in February 2011.
- DERM submissions of water and sediment samples for the Ensham Mine investigation and Fitzroy River study.
- Analysis was conducted for the Canberra based Centre for Environmental Health involving 400 blood, 400 urine, and 400 hair samples associated with a monitoring program in PNG which examined the health impact of mining on the local people. A total diet study is also being conducted for the same organisation involving the analysis of 500 food samples for a range of trace metals.
- Methods are currently being developed for analysing heavy metal organic species in samples.

Studies of public health risks

Three major studies of potential public health risks were completed in 2010–2011.

Clean and Healthy Air for Gladstone Project

The health risk assessment component of the joint DERM and Queensland Health Clean and Healthy Air for Gladstone Project was completed by Queensland Health in August 2010. The project was established to gain a better understanding of air pollution in the Gladstone area and identify any potential risks to public health.

The final human health risk assessment report relates to data collected from the expanded air quality monitoring program in the Gladstone area. The report provides summary data, comparisons with national and international air quality standards and guidelines, discussion about the degree to which exposure to those levels of various pollutants might pose a potential risk to human health, and makes a series of recommendations.

The report concluded that no pollutants were present at levels that either consistently exceeded the relevant health-based standard or guideline, or otherwise would be considered to pose unacceptable risks to health. The report recommends ongoing air quality monitoring, consultation with the community, ongoing improvement in managing emissions of air pollutants into the environment, and consideration of existing air quality in assessing new industrial proposals. At a community level, it recommended asthma is managed well and that the community continues to encourage and embrace smoking prevention and cessation programs.





Narangba Health Impact Assessment

The Narangba Industrial Estate (NIE) Health Impact Assessment (HIA) was conducted in response to community concerns about the potential for health impacts from operations within the NIE. The aim of conducting the HIA was to assess the impact of air emissions on ambient air; assess the potential risk to human health associated with emissions from the NIE; assess whether the community has experienced adverse health effects because of its close proximity to the NIE; and inform future government decision-making processes.

The HIA process involved data collection and analysis by independent experts with support provided to the Community Reference Group by an independent technical adviser and an independent facilitator. The assessment report—released in May 2011—found there was no evidence to indicate the community had experienced any adverse health effects because of close proximity to the NIE.

The Community Reference Group made 17 recommendations on future emissions control and land use planning, emergency planning and emergency response arrangements. Key recommendations included further assessment of the potential risk of chromium; a continued effort to manage odour emissions; and consideration of the location and management of high impact, noxious and hazardous industries in future land use planning. All recommendations are supported by the responsible agencies and have been or are in the process of being implemented.

Mount Isa Community Lead Screening Program 2010

In 2010, Queensland Health conducted a second study in Mount Isa of children aged one to four years to continue to monitor blood lead levels in that age group. It follows an initial study in 2007 initiated in response to ongoing community interest and concern, involving testing of 400 Mount Isa children aged one to four to determine their blood lead levels.

The 2010 study aimed to measure the blood lead levels of a representative sample of 167 Mount Isa children aged one to four. Where blood lead levels were at or exceeded the health goal level of 10µg/dL (eight children), detailed environmental audits were conducted to identify risk factors for lead exposure. Queensland Health continues to assist families in reducing their lead exposures through advice and education and through its commitment to the Living with Lead Alliance community partnership.

The studies expand on the existing evidence base to continue to guide further action to manage lead exposure in the Mount Isa community.



mount isa community

[LEAD SCREENING PROGRAM 2010]

A report into the results of a blood lead screening program of 1-4 year old children in Mount Isa, Queensland.

National Partnership Agreements

National Partnership Agreement on Preventive Health

The National Partnership Agreement on Preventive Health commenced in 2009–2010 and provided a significant injection of funding for Queensland to further augment current actions to address preventable chronic diseases.

Queensland will receive \$68.62 million in facilitation funding over the six years of the agreement. The NPA funding focus is on enabling infrastructure, social marketing, healthy children, and healthy workers.

All states—including Queensland—developed implementation plans for social marketing, healthy children and healthy workers. The plans were considered and agreed by the Commonwealth Minister for Health and Ageing. The Queensland Implementation Plan for Social Marketing was agreed on 1 July 2010 and the Queensland Healthy Children and Healthy Worker Implementation Plans were agreed on 16 December 2010. Queensland's social marketing commitments—linked to the national campaigns—began in 2011, with healthy children and healthy worker commitments starting in July 2011.

A surveillance system for self-reported health status has been embedded within the program for monitoring and reporting the health status of Queenslanders.

National Partnership Agreement on Essential Vaccines

In August 2009, the Council of Australian Governments (COAG) established the National Partnership Agreement on Essential Vaccines (NPAEV) to:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and, where possible, increase immunisation coverage rates for vulnerable groups with a focus on minimising disparities between Indigenous and non-Indigenous Australians
- enable all eligible Australians to access free, high-quality essential vaccines in a timely manner through the National Immunisation Program
- increase community understanding and support for the public health benefits of immunisation.

The NPAEV allows Commonwealth-funded vaccines to be distributed to vaccine service providers in states and territories.

The NPAEV contains four performance benchmarks (PB) to evaluate the agreement's effectiveness:

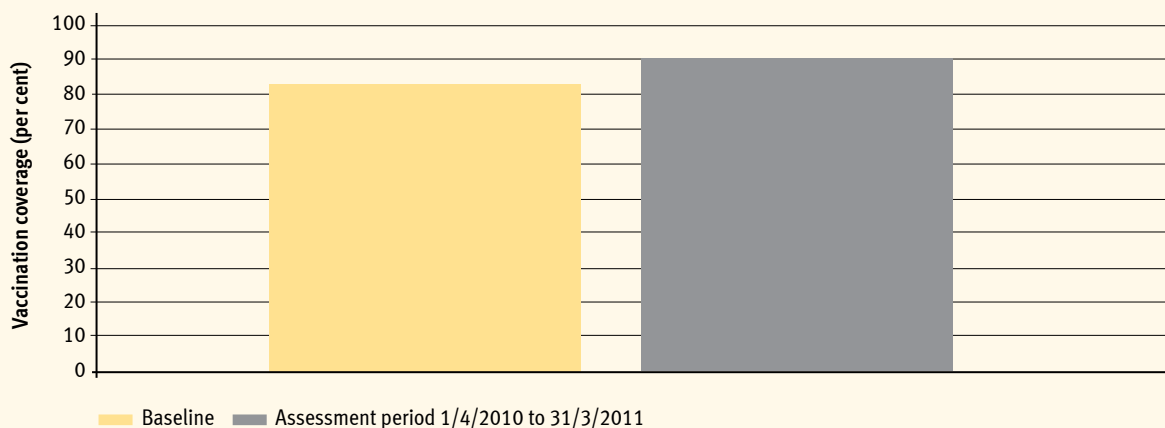
- PB1: maintaining or increasing vaccine coverage for Indigenous Australians—Queensland has met the benchmarks for the period 1 April 2010 to 31 March 2011
- PB2: maintaining or increasing coverage in agreed areas of low immunisation coverage—Queensland has no areas classified as low coverage
- PB3: maintaining or decreasing wastage and leakage—Queensland has met the benchmarks for 1 April 2010 to 31 March 2011
- PB4: maintaining or increasing vaccination coverage for four year olds—Queensland has met the benchmarks for 1 April 2010 to 31 March 2011.





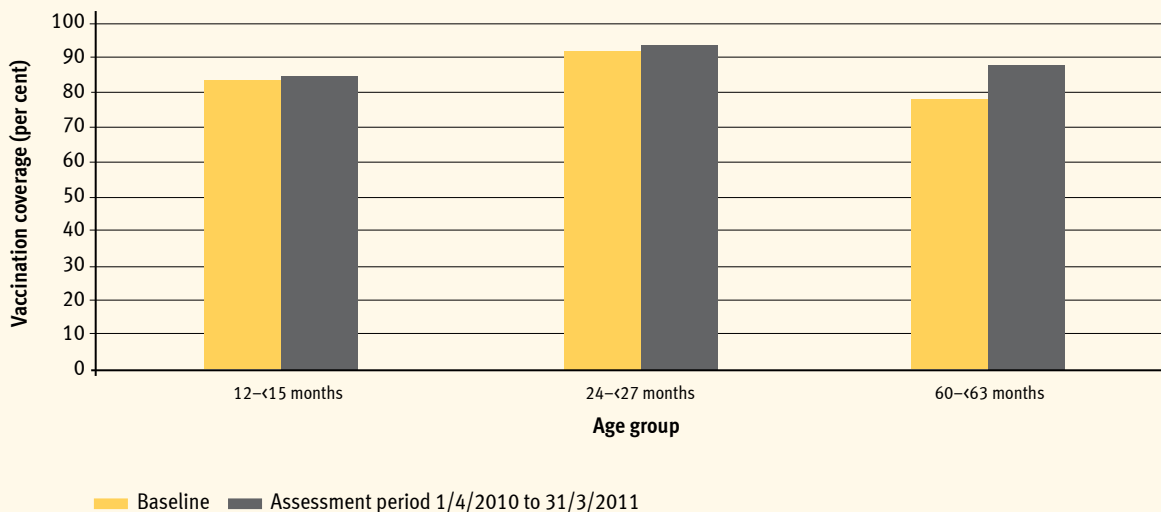
Progress and achievements

Graph 6: Proportion of four-year-old children who are fully vaccinated at 60–<63 months of age for the period 1 April 2010 to 31 March 2011



The baseline is the lowest coverage rate from the previous three years.

Graph 7: Proportion of four-year-old children who are fully vaccinated by age group for the period 1 April 2010 to 31 March 2011



Source: National Partnership Agreement on Essential Vaccines, 1 April 2010 to 31 March 2011 Performance Report, May 2011

The baseline is the lowest coverage rate from the previous three years.